TOWN OF KIRKWOOD
BUILDING AND CODE ENFORCEMENT DEPT.

TELEPHONE:	MAILING ADDRESS:	LOCATION:	FAX:	E-MAIL:
(607) 775-4313	70 CRESCENT DR.	41 FRANCIS ST.	(607) 775-9924	bldgcode@townofkirkwood.org
		KIRKWOOD, NY 13795		

REQUIREMENTS FOR A BUILDING PERMIT

We welcome your interest in obtaining information for a Building Permit in the Town of Kirkwood.

Please refer to the Town of Kirkwood Codes as follows:

Town of Kirkwood
Fire Prevention and Building Code
Local Law No. 13 of the Year 2006
A Local Law Providing for the Administration and Enforcement of the New York State Uniform Fire
  Prevention and Building Code
Section 4 – Building Permits.

Town of Kirkwood
Fire Prevention and Building Code
Local Law No. 13 of the Year 2006
A Local Law Providing for the Administration and Enforcement of the New York State Uniform Fire
  Prevention and Building Code
Section 16 – Fees.

You will need the following for a Building/Demolition Permit:
1. Building permit application completely filled out.
2. Two (2) sets of construction documents (drawings and/or specifications) prepared by a New York State registered architect or licensed professional engineer where so required by the New York Education Law.
3. Proof of insurances - Must state Liability and Workers' Compensation or CE-200 waiver. Your insurance company can provide us with proof of insurance by faxing an insurance certificate to (607) 775-9924 or e-mail to bldgcode@townofkirkwood.org.
4. Cash or check payable to the Town of Kirkwood. See fee schedule.

The following exceptions do not require the stamp or seal of a licensed, registered architect or professional engineer:
• farm buildings and other buildings used solely and directly for agricultural purposes.
• single family residential buildings 1,500 square feet or less, not including garages, carports, porches, cellars, or inhabitable basements or attics.
• alteration costing $20,000 or less, if these alterations do not involve changes affecting the structural safety or public safety of the building or structure.

If applicable:

Broome County Department of Health
Approved septic system.
778-2863

Approved water test: Contact water test laboratory.

If you have any questions, please contact me at 775-4313.

Chad Moran
Building Inspector and Code Enforcement Officer

Attachments

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CALL BEFORE YOU DIG!
DIG SAFELY
NEW YORK
(800) 962-7962 OR 811
WWW.DIGSAFELYNEWYORK.COM

BUILDING PERMIT APPLICATION

1) This application must be filled out completely (please print clearly.)
2) Structural drawing describing all use spaces including <u>condition</u> and <u>unconditioned</u> space.
3) Plot/Site Plan shall accompany this application.
4) All work shall not be started until the building permit is approved.
5) No building shall be occupied before obtaining a Certificate of Completion (CC) or Certificate of Occupancy (CO).
6) One year expiration requires new set fees for all extensions with possibily of a new review.
7) Please provide a list of all contractors' contact information with insurances and Workers' Compensation.

Date:_____ Tax Map #:_____ Fee: $_____ Permit #:_____
Check/Cash_____
Zoning_____ Variance #_____
Size/dimension of structure:_____ Total sq. ft._____
Floodplain:_____YES _____NO If yes, Floodplain permit required. Floodplain type:_____

Owners name(s):_____
Building location:_____ Mailing address:_____
Telephone #:_____ E-mail:_____

Engineer/Architect:_____ Mailing Address:_____
Telephone #:_____ E-mail:_____

General Contractor_____ Mailing address:_____
Telephone #_____ E-mail:_____

Construction cost:$_____ (Stamped prints must be provided if more than $20,000 or anything that involves changes structurally or life safety per NYS Education Law Sections 7209 and 7307. The building official can determine stamped plans where necessary even where stamped plans were not required per the education law. All NYS licensed professionals are required to sign and seal all documents to Town officials.)

Nature of proposed work;
_____New Construction _____Addition _____Alteration/Remodel/Repair _____Electrical
_____Change of Occupancy _____Demolition _____Other
Describe:_____

Commercial properties: Occupancy type_____ (Code compliance plans shall be submitted.)

The undersigned being duly sworn, deposes and says that he/she is the owner or authorized agent of the owner, and that he/she is conversant with the Zoning Ordinance of the Town of Kirkwood and the rules and regulations pertaining thereto, and that the completed structure and/or occupancy for which this application is made will be in accordance with the International Building Code and all existing laws and ordinances governing the erection and occupancy of structures and premises in the Town of Kirkwood whether specified herein or not, and that all workers engaged thereupon are covered by Workers' Compensation Insurance and Disability Insurance, certificates of which is herewith filed with the issuing authority or if not required by law to provide such insurance, a completed Form CE-200, and that permission is herewith granted that inspections of the structures and premises may be made by the building inspector.

Owner or Applicant's printed name_____ Date:_____

Owner of Applicant's Signature_____ Date:_____

Approved_____ by:_____ Date:_____
Chad A. Moran
Building Inspector and Code Enforcement Officer

(Lot Width)

(Lot Depth)

POOL
(size)
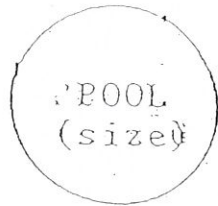
Distance
from rear
lot line

SHED
L X W

(Distance to side lot line)

Garage
24 x 30

Deck
10 x 24
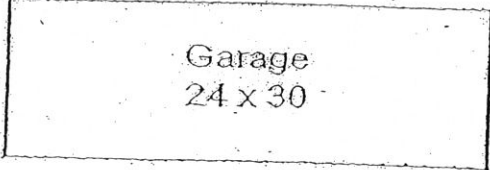
Distance between buildings)

(Distance to side lot line)

House
24 x 30
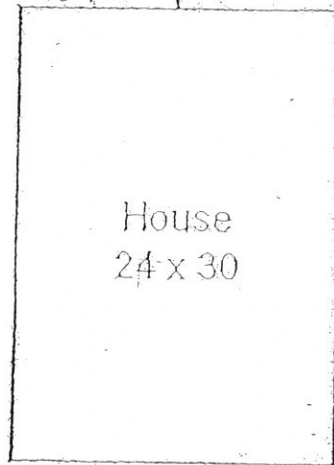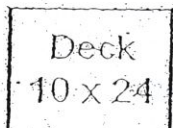
(Distance to side lot line)

(Distance to front lot line)

Road name

Indicate direction of north

SITE PLAN SKETCH
Applicant Must Complete Site Plan Sketch

Complete site plan to scale and show important dimensions. Show lot size, direction of slope of land, location of all buildings, indicate all set back dimensions from property lines, building sewers, driveway center line of highway (road), footer and roof drains, streams and ditches, underground utilities, location of water and sewer systems on adjacent lots, and your preference for location of well and sewer systems on this lot. Show inches of change for all areas where final grade will vary from existing grade.

Date: _____, 20_____

Applicant's Name and Address: _____

_____

Telephone # (_____) _____

Scale (Check):

_____ 1 square = 5 feet

_____ 1 square = 10 feet

_____ 1 square = __ feet

Tax Map #_____